

FILED OCT 9 1948

318

1003

State File No. ....

Registrar's No. 8558

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town ST. LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1532 S. BROADWAY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days) 1

3. (a) PRINT FULL NAME ROBERT MATTINGLY

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced unkn  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 19 years (Day) (Year)  
7. Birth date of deceased JAN. 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 8 11 hr. min.

9. Birthplace INDIANA  
(City, town, or county) (State or foreign country)

10. Usual occupation UNKNOWN

11. Industry or business

12. Name JAMES MATTINGLY  
13. Birthplace INDIANA  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace INDIANA  
(City, town, or county) (State or foreign country)

16. (a) Informant PERCY MATTINGLY  
(b) Address 1532 S. BROADWAY

17. (a) BURIAL (b) Date thereof OCT. 3 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MATTHEW MO.

18. (a) Signature of funeral director Thos. Kuti & Son

(b) Address 2906 GRAVOIS ST. LOUIS MO

19. (a) OCT 1 1948 (Date received local registrar) J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1532 S. BROADWAY  
23 (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 30  
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 29 to Sept 29, 1948  
that I last saw him alive on Sept 29, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Myocardial Infarction

Due to General Impairment of Age

Other condition hypertension  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature Thos. Kuti & Son (D. or other).....

Address 1405 S. Broadway Date signed 10/1/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Kautenauer  
1405 S. Broadway  
AL 4878

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4347

P. O. Address. 2606 Travis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.